

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

Complete if Known

Application Number	10/589,958-Conf. #1060
Filing Date	August 18, 2006
First Named Inventor	Yuichi IDEHARA
Examiner Name	C. H. Vo
Art Unit	2169
Attorney Docket No.	1163-0579PUS1

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	940.00
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	02-2448	Deposit Account Name:	Birch, Stewart, Kolasch & Birch, LLP
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	E

_____ = cr HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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$$\cdot \text{ or HP} = \quad \times \quad =$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or for
100	0	0
150	50	1
200	100	2
250	150	3
300	200	4
350	250	5
400	300	6
450	350	7
500	400	8
550	450	9
600	500	10
650	550	11
700	600	12
750	650	13
800	700	14
850	750	15
900	800	16
950	850	17
1000	900	18
1050	950	19
1100	1000	20
1150	1050	21
1200	1100	22
1250	1150	23
1300	1200	24
1350	1250	25
1400	1300	26
1450	1350	27
1500	1400	28
1550	1450	29
1600	1500	30
1650	1550	31
1700	1600	32
1750	1650	33
1800	1700	34
1850	1750	35
1900	1800	36
1950	1850	37
2000	1900	38
2050	1950	39
2100	2000	40
2150	2050	41
2200	2100	42
2250	2150	43
2300	2200	44
2350	2250	45
2400	2300	46
2450	2350	47
2500	2400	48
2550	2450	49
2600	2500	50
2650	2550	51
2700	2600	52
2750	2650	53
2800	2700	54
2850	2750	55
2900	2800	56
2950	2850	57
3000	2900	58
3050	2950	59
3100	3000	60
3150	3050	61
3200	3100	62
3250	3150	63
3300	3200	64
3350	3250	65
3400	3300	66
3450	3350	67
3500	3400	68
3550	3450	69
3600	3500	70
3650	3550	71
3700	3600	72
3750	3650	73
3800	3700	74
3850	3750	75
3900	3800	76
3950	3850	77
4000	3900	78
4050	3950	79
4100	4000	80
4150	4050	81
4200	4100	82
4250	4150	83
4300	4200	84
4350	4250	85
4400	4300	86
4450	4350	87
4500	4400	88
4550	4450	89
4600	4500	90
4650	4550	91
4700	4600	92
4750	4650	93
4800	4700	94
4850	4750	95
4900	4800	96
4950	4850	97
5000	4900	98
5050	4950	99
5100	5000	100
5150	5050	101
5200	5100	102
5250	5150	103
5300	5200	104
5350	5250	105
5400	5300	106
5450	5350	107
5500	5400	108
5550	5450	109
5600	5500	110
5650	5550	111
5700	5600	112
5750	5650	113
5800	5700	114
5850	5750	115
5900	580	

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	1801 Request for continued examination (RCE) (see 37 ...	810.00
	1251 Extension for response within first month	130.00

SUBMITTED BY

Signature _____

Name (Print/Type) D. Richard Anderson

Registration No.
(Attorney/Agent)

40.439

Telephone

(703) 205-8035

Date:

November 18, 2011